

EXHIBIT 40

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SEP 08 2021

Participant must provide all of the information below in English:

PRIME CLERK

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name: Sheila I. Ramirez Ruiz San Juan, P.R. 00926
Participant's Address: urb Haciendas de Carrizal calle 5 F-3
Participant's Email Address: sheilaramruiz@yahoo.com
Name of Counsel: N/A
Address of Counsel: N/A
Email Address of Counsel: N/A

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number: 45132
Nature of Claim: Retirement systems pension claim

By: Sheila I. Ramirez Ruiz
Signature

Sheila I. Ramirez Ruiz
Print Name

Tec. Farmacia
Title (if Participant is not an individual)

8 septiembre 21
Date

Instructions for Filing Notice of Participation: If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.